

Registration Form

(Return one form per child)

Name: _____

Address: _____

E-mail: _____

Age: _____ Circle: M or F

Grade entering: _____

Please select from the following:

Sewing Adventure \$120, 3rd- 8th grade

June 28 – July 2

History Camp \$125, 4th- 8th grade

July 26 – 30

Sports & Crafts \$100, preschool - 2nd grade

July 26 - 30

Total for all camps: \$ _____

Make checks payable to:

“WFCS Camp.”

**Payment must accompany
registration form. Registrations must
be received a minimum of 2 weeks
before camps start.**

Send to:

West Fallowfield Christian School

Summer Camps

795 Fallowfield Rd.

Atglen, PA 19310

Medical Release Form

I hereby give permission for

_____ to
receive emergency treatment at a local medical
center or hospital the school deems appropriate.
Please give name and phone number of emergency
contact(s) in case a parent or guardian cannot be
reached.

The parent/guardian is responsible to carry
insurance for each child.

Name of Parent: _____

Parent Email: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone Number(s):

Emergency Contact: _____

Emergency Contact Phone Number: _____

List ALL Allergies (Indicate food/bee, etc.):

Please select T-Shirt Size:

Note: Registration must be received at least two
weeks prior to the start date of child's camp in
order to guarantee a t-shirt.

_____ Youth Extra Small 4-6
_____ Youth Small 6-8
_____ Youth Medium 10-12
_____ Youth Large 14-16
_____ Adult Small
_____ Adult Medium
_____ Adult Large
_____ Adult X-Large

**Do you give permission to use photographs of
your child for social media use? ____ Yes ____ No**